Caution: DRAFT FORM

This is an advance proof copy of an IRS tax form. It is subject to change and OMB approval before it is officially released. You can check the scheduled release date on our web site (www.irs.gov).

If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

Form CT-1

Department of the Treasury Internal Revenue Service

Employer's Annual Railroad Retirement Tax Return

netructions 20

2003

OMB No. 1545-0001

► See the separate instructions.

				Employer i	identification nu	umber			
Emploname addre (If not	ess t			RRB numb	ber			If final return , check here .	▶□
please chanc				Calendar y	year			FF	
CHAIL	je.,							FD	
								FP	
			,				L	l	
							<u> </u>	T	
Part	t I Railroad Retirement Taxes								
1	Tier I Employer Tax—Compensation (other than ti	ps and sid	ck	7		204 -	1		
	pay) paid in 2003		. \$.		×6	.2% =			
2	Tier I Employer Medicare Tax—Compensation (oth	er than tip	วร		4	4504 -	2	ı	
_	and sick pay) paid in 2003		. \$ -		×1.	.45% =			
	Tier II Employer Tax—Compensation (other than tips)				× 1	4.2%=	3		
	Tier I Employee Tax—Compensation (other than sign 2003				× 6.	.2% =	4	l	
	Tier I Employee Medicare Tax—Compensation (oth								
J	pay) paid in 2003 (for tips, see instructions)		. \$.		×1.	.45%=	5		
	Tier II Employee Tax—Compensation (for tips, see							I	
	paid in 2003				×4	.9% =	6		
7	Tier I Employer Tax—Sick pay paid in 2003		. \$.		×6	.2% =	7		
	Tier I Employer Medicare Tax—Sick pay paid in 200						8		
	Tier I Employee Tax—Sick pay paid in 2003						9		
	Tier I Employee Medicare Tax—Sick pay paid in 20						10		
	Total tax based on compensation (add lines 1 throu						11		
	Adjustments to employer and employee railroad ret page 4 of the instructions and attach statements.	tirement ta	xes t	ased on con	mpensation.	See		l	
	Sick Pay \$ + Fractions of Cents \$.			Other \$ _		=	12		
	Total railroad retirement taxes based on compensal						13		
14	Total railroad retirement tax deposits for the year, inc	cluding ove	erpay	ment applied	from prior	year,		l	
	from your records						14		
	Balance due (subtract line 14 from line 13). Pay to the					ns) . I	15		-
	Complete Form CT-1(V) payment voucher, and end							16	
16	Overpayment. If line 14 is more than line 13, enter over								
- AII					→ Applied t	o next	returr	n or \square Ref	iunaea.
	filers: If line 13 is less than \$2,500, do not comple miweekly schedule depositors: Complete Form 9				tructions on	page 2	2.		
	onthly schedule depositors: Complete Part II on pa					. 0			
Third	Do you want to allow another person to discuss this return	with the IRS	(see p	page 5 of the ins	structions)?	Yes.	Compl	lete the following.	. No
Party									
Desigr	nee Designee's	Phone	. ,	١		nal ident	ificatio	n	\top
		no. I	uding :	accompanying so		er (PIN) atements	and to	o the best of my k	cnowledge
Sig	and belief, it is true, correct, and complete.		Ü		Juui.JJ uiid Ji		,	2 2001 OF THY N	oouge
Her	Ce Signature ▶	Print Name	Your a and 1	Γitle ►			Da	ate ▶	

Form CT-1 (2003) Page **2**

Part II Record of Railroad Retirement Tax Liability

Complete the Monthly Summary of Railroad Retirement Tax Liability below only if you were a monthly schedule depositor for the entire year. Enter your Tier I and Tier II tax liability on the lines provided for each month.

If you were a **semiweekly** schedule depositor during any part of the year or you accumulated **\$100,000** or more on any day during a deposit period, you **must** complete **Form 945-A**, Annual Record of Federal Tax Liability. **Do not** complete the monthly summary below.

On Form 945-A for each payday, enter the sum of your employee and employer Tier I and Tier II taxes on the appropriate line.

The total tax liability for the year (line V below or line M on Form 945-A) should equal the total taxes for the year (line 13, Form CT-1). Otherwise, you may be charged a penalty for not making deposits of taxes.

Note: See the separate instructions for the deposit rules for railroad retirement taxes.

Monthly Summary of Railroad Retirement Tax Liability Complete if line 13, Part I, is \$2,500 or more and you were a monthly schedule depo								
Date compensation paid:	First Quarter	Second Quarter	Third Quarter	Fourth Quarter				
First month of quarter:	January	April	July	October				
Tier I and Tier II taxes I First month liability ▶	~2	12	5					
Second month of quarter:	February	May	August	November				
Tier I and Tier II taxes II Second month liability								
Third month of quarter:	March	June	September	December				
Tier I and Tier II taxes III Third month liability ▶	01							
IV Total for quarter (Add lines I, II, and III.)								
V Total railroad retirement	tax liability for the year. Th	nis should equal line 13, Pa	art I ▶	- CT1 ()				

Form **CT-1** (2003)